

OFFICE USE ONLY

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY  
ASSISTANCE APPLICATION

DATE \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

Veteran must provide service discharge paper (DD-214). Upon request, you must be able to furnish verification of home ownership or verification from a landlord that you are residing at the address given on this application. Also marriage license and birth certificates of dependent children. Photo ID must be presented for initial application. All items on this application must be filled out and answered by the veteran (if unable to, by a member of the immediate family), as the truth and factual information which can be verified by this office.

SECTION I - Veteran Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date and Place of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Cell: \_\_\_\_\_

How many people live in your house or apartment \_\_\_\_\_

Spouse Information

Maiden Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date and Place of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Cell: \_\_\_\_\_

SECTION II - Marital Status

Single \_\_\_\_\_  
Married \_\_\_\_\_  
Divorced \_\_\_\_\_  
Separated \_\_\_\_\_  
Widowed \_\_\_\_\_

Never Married \_\_\_\_\_  
Date & Place \_\_\_\_\_  
Date & Place \_\_\_\_\_  
Date & Place \_\_\_\_\_  
Date & Place \_\_\_\_\_

Total number of marriages \_\_\_\_\_  
Are you paying child support \_\_\_\_\_

SECTION III - Dependent Children

NAME	BIRTHDATE	PLACE OF BIRTH	SOCIAL SECURITY #
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Do they live with you? YES \_\_\_\_\_ NO \_\_\_\_\_

SECTION IV - Other Assistance

Have you recently applied for or are you receiving any of the following and in what amount?

Food stamps \_\_\_\_\_ Amount \$ \_\_\_\_\_ When did they start \_\_\_\_\_  
Social Security \_\_\_\_\_ Amount \$ \_\_\_\_\_ When did it start \_\_\_\_\_  
Township Asst. \_\_\_\_\_ Amount \$ \_\_\_\_\_ When were you there last \_\_\_\_\_  
Retirement \_\_\_\_\_ Amount \$ \_\_\_\_\_ When did it start \_\_\_\_\_  
VA Compensation or pension \_\_\_\_\_ How much \_\_\_\_\_

SECTION V - Bank information

Bank Name \_\_\_\_\_

Checking \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings \_\_\_\_\_ Balance \$ \_\_\_\_\_

Car (Yes) (No) If yes, Make, Model, Year \_\_\_\_\_  
Do you have title (Yes) (No) What are your monthly payments \$ \_\_\_\_\_

SECTION VI - Employment

Employer: \_\_\_\_\_ Former Employer \_\_\_\_\_  
Last Day Worked: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
Salary: \_\_\_\_\_ Salary: \_\_\_\_\_  
If not working, give reason \_\_\_\_\_

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Spouse's Employer \_\_\_\_\_ Former Employer \_\_\_\_\_  
Last Day Worked \_\_\_\_\_ Last Day Worked \_\_\_\_\_  
Salary \_\_\_\_\_ Salary \_\_\_\_\_

If not working, give reason \_\_\_\_\_

SECTION VII Residency Verification

Do you Rent or Own Residence? \_\_\_\_\_ Amount of Rent or Mortgage \_\_\_\_\_

When was the last time you paid? \_\_\_\_\_ How much? \_\_\_\_\_

How far behind are you? \_\_\_\_\_ Did you get 5 day notice? \_\_\_\_\_

Did you get eviction notice? \_\_\_\_\_

Landlords Information: Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

What kind of assistance are you requesting from this office? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_

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SECTION IX Monthly Household Expenses

Utilities:	Gas	\$ _____	Rent/Mortgage	\$ _____
	Electric	\$ _____	Medical	\$ _____
	Phone - House	\$ _____	Hospital	\$ _____
	Phone - Cell	\$ _____	Doctor	\$ _____
	Cable	\$ _____	Medication	\$ _____
	Food	\$ _____	Car Payment	\$ _____
	Other	\$ _____	Car Insurance	\$ _____

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Credit Cards	Balance	Monthly Payments
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Name and address of closest living relative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Relation \_\_\_\_\_

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I, the undersigned, swear that the information given on this application for assistance is the TRUTH, to the best of my knowledge and fully understand that if I falsify this application, I WILL BE DETERMINED INELIGIBLE FOR ASSISTANCE and be DENIED under this program of the VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY.

Signature of Veteran \_\_\_\_\_

Date \_\_\_\_\_

Signature of Relative if Veteran cannot sign \_\_\_\_\_

Date \_\_\_\_\_

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#### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any person, Bank, Company, Corporation, Federal or State Agency or Institution to furnish to the Superintendent of Veterans Assistance Commission any request for information, relative to my account deposits, investments, securities, wages, Social Security income or Business of any kind whatsoever.

RELEASE TO: Veterans Assistance Commission of Lake County  
20 S Martin Luther King Jr Ave  
Waukegan, IL 60085  
Telephone: 1-847-377-3344

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

#### APPEAL RIGHTS:

If you disagree with the determination of this office, you may file an appeal. Your appeal must be filed in this office within nine (9) days after the date of this determination, if it was mailed to you or within seven (7) days after the date of this determination, if it was verbally given to you. Any appeal submitted by mail, must be postmarked with the applicable time limit for filing.

20 South Martin Luther King Jr Ave  
Waukegan, IL 60085  
Phone 847 377-3344  
Fax 847 360-3188

## Fraud Disclaimer Form Memorandum Of Understanding

NOTE: Before signing this form, please understand that the Veterans Assistance Commission of Lake County provides a valuable service to the veterans, widows, and specified dependents of this county. Abuse of any services provided by this office will not be tolerated.

I (we) fully understand that failure to report or disclose all necessary documentation pertaining to proof of veterans status, sources of income, expenses, and other data requested by this County office, or as required by Illinois or Federal law, or the requirements of the U.S. Department of Veterans Affairs can delay a VA claim and may result in the denial of a VACLC General Assistance claim. I (we) fully understand that it is unlawful to impersonate a veteran for personal gain. Fraudulent claims or impersonating a veteran, widow, or dependent will result in prosecution proceedings being filed by this office with the States Attorney of Lake County.

Therefore, I (we) certify that all of the documentation and information provided is true and correct. By signing this form, I (we) authorize the VAC of Lake County to complete a verification process in order to confirm the accuracy of the information and/or documentation presented. If a claim is dismissed due to false information or fraudulent documentation, I (we) agree to hold the VAC of Lake County free of all liabilities for this claim. Additionally, it is understood that a copy of the claim application and/or any information resulting from the verification process shall be furnished upon request.

\_\_\_\_\_  
(Signature of Applicant/Claimant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Spouse)

\_\_\_\_\_  
(Date)

### \_\_\_\_\_ (VACLC EMPLOYEE USE ONLY)

I attempted to obtain concurrence on behalf of the VACLC but, due to one of the following was unable to obtain the claimants consent.

- ☐ Individual(s) refused to sign this consent form.
- ☐ Other (specify): \_\_\_\_\_

VAC Employee \_\_\_\_\_

\_\_\_\_\_  
(Printed Name and Initials)

Date: \_\_\_\_\_

20 South Martin Luther King Jr Ave  
Waukegan, IL 60085  
Phone 847 377-3344  
Fax 847 360-3188

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby appoint the Veterans Assistance Commission of Lake County as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information.

RELEASE TO: Veterans Assistance Commission of Lake County  
20 S Martin Luther King Jr. Ave  
Waukegan, IL 60085  
Telephone: 847 377 3344 Fax: 847 360 3188

Community Action Partnership of Lake County  
1200 Glen Flora  
Waukegan, IL 60085  
Telephone: 847 249 4330 Fax: 847 625 6328

Applicants Name (please print) \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Today's Date \_\_\_\_\_